

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	/		
<b>O.I.P.E. CLASSIFIER</b>	pm	45	4/10
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original	Cx	Cx	Date
			<del>✓</del>	<del>✓</del>	
			<del>✓</del>	<del>✓</del>	
			<del>✓</del>	<del>✓</del>	
			<del>✓</del>	<del>✓</del>	
1	1	1	+	✓	
2	2	2	✓	✓	
3	3	3	✓	✓	
4	4	4	✓	✓	
5	5	5	✓	✓	
6	6	6	✓	✓	
7	7	7	✓	✓	
8	8	8	✓	✓	
9	9	9	✓	✓	
10	10	10	✓	✓	
11	11	11	✓	✓	
12	12	12	✓	N	
13	13	13	✓	✓	
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15	15	15	✓	✓	
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30	30	30	✓	✓	
31	31	31	✓	✓	
32	32	32	✓	✓	
33	33	33	✓	✓	
34	34	34	+	N	
35	35	35	✓	✓	
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46	46	46	✓	✓	
47	47	47	✓	✓	
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49	49	49	✓	✓	
50	50	50	✓	✓	

Claim	Date					
Final	Original					
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